

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1					
20	1					
21	1					
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23	1					
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TOTAL IND.	6					
TOTAL DEP.	20	↔	↔	↔	↔	
TOTAL CLAIMS	36	██████████	██████████	██████████	██████████	██████████

1	2	3	4	5
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TOTAL IND.				
TOTAL DEP.	↔	↔	↔	↔
TOTAL CLAIMS	██████████	██████████	██████████	██████████